ENTRY BLANK—PLEASE TYPE OR PRIN Ms./Artist SSMAN-(last name last) Permanent Address Street Daytime Tel. (216) 678-8454 area Temporary or Studio Address Street City Daytime Tel. (Zip if you do not presently live in one of the counties of the Western Reserve, in which county where you born?__ Collaborator (if any) _ If May Show entries are not accepted or are not sold: Martist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned wiii not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein-Signature I have received the unsold/unaccepted object(s) in good condition. Signature

ENTRY BLANKS

Detach entire portion along dotted line and submit with slides, but retain tags

The Cleveland Museum of Art
11150 East Boulevard
University Circle
Cleveland, ON 44106



Janice Lessman-Moss 6264 Lakeview Dr. Ravenna, OH 44266



Participating Artists should pick up work during this week also.

If this is not a convenient time for you, please let us know since the May Show office closes _______ and we will try to make other arrangements. Thank you.

421-7340 Ext. 116

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Tom Hinson Curator of Contemporary Art